

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0004364
<b>Centre county:</b>	Dublin 16
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Paudie Galvin
<b>Lead inspector:</b>	Deirdre Byrne
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
08 September 2015 08:30	08 September 2015 18:30
09 September 2015 08:00	09 September 2015 12:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This registration monitoring inspection was announced and took place over two days. It was the centre's first inspection by the Health Information and Quality Authority (the Authority). The centre is run by the Health Service Executive (HSE). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

In July 2015, inspectors visited the centre to review policies, procedures, staff files and training records in preparation for this inspection. During this inspection,

inspectors met with residents, relatives and staff members, observed practices and reviewed documentation. Questionnaires from relatives and residents submitted as part of the inspection were also read. These were discussed with the provider and are outlined in the report.

The designated centre comprises of three units located in residential suburban areas. The person in charge was present throughout the inspection, and accompanied inspectors to two of the units. The management team that includes the provider nominee, person in charge and clinical nurse manager attended the feedback meeting at the end of the inspection. As part of the application for registration, the provider was requested to submit relevant documentation to the the Authority. All documents submitted by the provider for the purposes of application to register were found to be satisfactory, however, the confirmation of the payment of fees is outstanding.

There was evidence of good practice found across all outcomes with residents supported by staff who were knowledge of their social and health care needs. There were good managements systems in place with clear lines of authority and accountability. The residents had interesting things to do during the day, and were encouraged to take up employment and pursue courses and hobbies. The residents were supported to maintain family and personal relationships and receive visitors in their home.

However, areas non compliance were also identified. The areas of non compliance were in relation to residents rights in terms of consulting with residents in aspects of running their home, the documentation of social care needs, provision of adequate use of resources in relation to the staff roster/shift patterns and the deployment of staff. While there was a senior management team in place to govern the centre, the day to day operation of the three units within the centre was controlled from the main campus and not from the individual house or by the staff working in the house. The action plans at the end of this report identifies the outcomes under which improvements are required

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found the provider ensured the residents privacy and dignity was maintained and their complaints were listened to. There were systems in place to ensure residents were consulted with however, improvements were identified in how the residents choose to go about their day.

Inspectors found that residents in two of the three units were not fully supported to make choices about their daily routine. In three units all of the residents went from their home to a day care facility Monday to Friday. However, in two units they could not return to their home during the day if they so wished as there were no staff there during the day. The person in charge told inspectors if they knew a residents was unwell they could arrange for staff to be moved to work in the house. But if a resident unexpectedly became unwell or wished to stay at home from day care they would need to go into to the main campus building which was the only unit staffed during the day.

There was evidence that residents were consulted with and participated in decisions about their care. However, inspectors were informed that emergency lighting had been installed in their bedrooms which they were not happy with. For example, some residents reported to inspectors that lights were illuminated in the dark at night which affected their sleep. The residents had not been consulted with when the lights were installed.

Inspectors saw information on an independent advocacy service which was provided. Although it was located on each resident's files, it was not displayed for the residents to see. Inspectors read a copy of the charter of rights published by the National Advocacy Committee which was accessible to residents in all houses.

The provider ensured residents opinions were considered, were provided with feedback and included in the running of their own home. There was regular house meetings in the three units. The minutes of the weekly residents meetings were reviewed by inspectors and a variety of issues were discussed and issues raised by the residents were followed up by the person in charge.

Overall, the residents privacy and dignity was respected by staff. There were many kind and respectful interactions observed by inspectors. For example, residents were observed to be gently reminded by staff on their personal care and when taking medication. The staff were observed to patiently wait and encouraged residents who had difficulty verbally communicating. The bedrooms in the three units were provided with locks along with the bathroom and shower rooms, and blinds and curtains on all bedroom windows.

The residents civil and political rights were respected. Staff confirmed that residents polling cards were provided before each election. Two residents spoke to the inspectors about the last referendum which they chose to vote in.

There was a policy and procedure for the management of residents monies by staff and a procedure on personal possessions. Inspectors went through a sample of resident's finances with staff and found there were clear, concise records and receipts in place to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process in place reflected the policy.

There were policies and procedures on the management of complaints that met the requirements of the Regulations. A complaints procedures was also in accessible to residents in written and pictorial format, a copy was included in the residents guide. While the procedures had not been clearly displayed in one unit, the staff and residents were familiar with the procedures which had been recently discussed at the weekly house meeting. The staff member explained how she had talked the resident through the process of making a complaint.

Inspectors reviewed the complaints log. All complaints were resolved. There was one open complaint which included details of the investigation, the outcome and if the complainant was satisfied with the outcome. There was evidence of follow up actions taken to address the complaint. A new complaints report form was shown to inspectors that would also capture this information in one place.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found that the person in charge ensured the communication support needs of residents were met. However, there was no internet access in the centre.

Staff were aware of the communication needs of residents and these were clearly described in the communication "passports" maintained on file for each resident. There were pictorial images used to support residents to make choices in their day, for example, photos of staff, menu choices, fire procedures and the complaints procedures. Some staff had undertaken training to enable them to communicate better with residents.

While each of the three units in the centre had access to radio, television, and information on local events, there was no internet access in the houses for both residents and the staff to access. One resident wanted to purchase an electronic tablet which would require internet access, the person in charge said they were reviewing this.

The residents participated in local services and had links with the neighbourhood, through day services, active retirement, leisure and social activities.

**Judgment:**

Non Compliant - Moderate

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the residents were supported to develop and maintain personal relationships and links with the wider community. There is an area of

improvement regarding private space to meet visitors.

There was a visitors book along with a visitor's policy in each unit. The staff and residents reported they could receive visitors at any time. However, residents in one unit did not have sufficient room to meet visitors in private, this is discussed under outcome 6.

Many of the residents had close links to their family and were facilitated by staff to visit their family. The residents were also supported to maintain personal friendships and one resident described her upcoming trip away with a close friend whom she had been in contact since childhood. Where residents' had families representing them in relation their to care, there was evidence they had been invited to attend the residents' recent annual review. A family communication sheet in each resident's file where staff recorded all contact with the residents' family.

Residents used the facilities in the local community, such as attending the local bingo, grocery shops, coffee shops and restaurants.

**Judgment:**  
Compliant

#### **Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

#### **Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

#### **Findings:**

Inspectors were satisfied that policies were in place on the admission and discharge of residents and that each resident had a contract in written format that outlined the services, facilities and fees charged by the provider.

There were policies and procedures in place for the admission, transfer, discharge and emergency admission of residents to the centre. Inspectors met residents who had recently transferred within the service into the centre. There was a transition plan and it had been explained to them using pictures of their new home, bedroom and the staff. The residents had been give a walkthrough in understandable terms and language on the transition into the centre.

Each resident had a written contract of care in place which laid out the terms and conditions the service provided. It was dated and signed by the resident or their



representative where required. The fee was included, and the person in charge advised where additional service provided incurred an extra cost on residents, this information would be added onto the contract.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found the resident's wellbeing was maintained by a good standard of care and support. There were personal plans written with the participation of each resident. However, improvements were identified in the development of personal plans, the review of the plans and the provision of holidays for residents.

Inspectors found the residents' welfare and wellbeing was maintained by a good standard of care and support by staff who were familiar with their health care needs. The residents had a mild to moderate disability which required staff support and assistance. There was an annual assessment completed of the residents social and emotional care needs.

Inspectors read three residents' personal plans. A personal plan called a "person centred plan" was developed for each resident. However, improvements were required as the plans contained goals were not holistic and did not provide for positive outcomes in their lives. For example, two of the plans were mainly focused on health care needs or risks identified. While there were updates on each of the residents goals, there was no comprehensive review of the plans for example, there was no meaningful assessment to assess how they were impacting positively on the residents lives.

There was inconsistent evidence that the resident were involved or consulted with in the creation of the personal plans. An annual meeting took place with the resident's which their family or representative were invited to attend however, it was not clear how the residents feedback was considered as part of the review. From discussions with staff on

the person centred plans it appears they had not been provided with training to develop the goals on the social aspect of residents lives.

There were examples of health care plans developed which contained comprehensive information to guide staff practice for example, diabetes and falls prevention care plans. The recommendations of health professionals were also incorporated into care plans, which were regularly updated. There were pictorial versions of each care plan to guide the residents. However, this was not reflected across all health care plans inspected, as a number of care plans would not direct staff on how to care for the resident.

The provider had ensured the residents were provided with interesting things to do during the day that was reflective of their assessed needs. During the day some of the residents attend a number of activities and day services on the grounds of the centre. Some residents also attended day services and workshops external to the service. There were trips to nearby coffee breaks, bingo and exercise classes. One resident enjoyed attending hand massage and another attended a box exercise class. In one unit a residents was at retirement age, and there were retirement plans developed for the residents.

It was reported to inspectors by residents that holidays had not been facilitated by the provider in over two years. This was discussed with the person in charge and the provider who outlined the discussions taking place with the registered provider. There was correspondence shown to inspectors in relation to the on-going talks around the matter. The provider was hopeful the matter would be addressed in the coming months.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found the design and layout the designated centre met the residents needs and the requirements of the Regulations, with an area of improvement regarding private space. The centre consists of three units all of which were visited by inspectors.

Unit 1:

This unit is set in a quiet suburban residential area, with good public transport links to the local community and city centre. It is a two storey four bedroom house, with occupancy for four residents. There is a small reception area at the entrance area, with a small store room and a toilet cum shower room off the main hall. There is one bedroom on the ground floor and three bedrooms on the first floor. All bedrooms are single occupancy, and inspectors were invited to visit one resident's bedroom. The bedroom was nicely furnished and decorated with large wardrobe, locker and space for a chair. On the first floor there are three more residents bedrooms and a second shower room with toilet and wash hand basin. The staff office which has a bed for sleepover staff is located on this floor also. There is a large sitting area, a dining with a kitchen off it that has direct access to garden. The house was in a clean condition and staff informed inspectors that cleaning procedures had been recently reviewed and an external cleaning company was carrying out additional cleaning every three months. The house was nicely furnished throughout with photos of the residents and the staff who have supported them over the years. The person in charge was aware that any resident admitted to the unit will need to be assessed as independent in the use the staircase.

#### Unit 2:

This is a two storey house in a residential area, with good access to public transport links nearby. It can accommodate three residents. There are three bedrooms on the first floor along with a small staff office and bed for sleep over staff. The bedrooms are single occupancy, and one residents showed inspectors his bedroom. The bedroom was nicely decorated and furnished with large wardrobe, locker, television and a chair. A shower room with toilet and a second toilet are also located on the first floor. On the ground floor is one large sitting area and a separate dining room. There is a kitchen with direct access to garden. The house was in a clean condition and as reported above an external cleaning company was carrying out additional cleaning every three months. The house was pleasantly decorated and furnished throughout. There is no lift provided and the person in charge was aware that any resident admitted to first floor of the unit will need to be assessed as independent in the use the staircase.

#### Unit 3:

The unit is a two storey three bedroom house in a quiet residential area. The two story house has an occupancy for three residents. There are three bedrooms on the first floor and a staff office with bed for sleep over staff on the ground floor. Inspectors found adequate space was provided and storage for clothing and personal possessions in the bedroom visited. There is a shower room, a bathroom and toilet also located on the first floor. There is a comfortable sitting room provided, however, as outlined in outcome 3, there was lack of private space for residents to meet visitors. There is also a kitchen cum dining room with direct access to a garden area. The house is nicely decorated throughout. While there is no lift provided, again, the person in charge was aware that any resident admitted to first floor of the unit will need to be assessed as being independent in the use the staircase.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the provider that the health and safety of residents, staff and visitors to the centre was promoted and protected. There were suitable arrangements in place in the prevention and control of the spread of fire.

The centre had a policy on risk management that met the requirements of the Regulations. It appeared to be implemented in practice. A risk register was in place for each of the three units. These were based on risks identified by the person in charge who completed a risk assessment form. The risks identified included risks around falls, inadequate care staff levels and inappropriate use of residents' finances, and included actions and controls in place to mitigate the risks, as well as the dates of review.

Inspectors saw an emergency plan was in place and it included the arrangements for alternative accommodation in the event of an evacuation from the centre.

Inspectors saw the provided ensured systems were in place to prevent accidents in the units. There were grab rails installed along stairs and on high steps. There was secure storage of chemicals such as cleaning supplies. The provider ensured infection control procedures were in place. A maintenance folder was maintained for the units of the centre which ensured any deficits or repairs that required attention were actioned. Inspectors saw information that confirmed all insurance and maintenance information on vehicles used by the centre.

The provider ensured the centre was guarded against the spread of fire. The three units in the centre were provided with fire doors, glass panels and emergency lighting. These were recently installed in response to an external fire assessment report carried out in 2014. The doors were lightweight enough so as not to cause difficulty to residents, and were fitted with electronic holdbacks that would disengage upon alarm.

The centre had an appropriate number of fire extinguishers and break glass panels which were all within their servicing date. Emergency exits were unobstructed and emergency lighting was provided. Inspectors read records of evacuation drills take place regularly and included the length of times for each drill, persons present and outcomes. Training records read confirmed all staff had completed up-to-date fire safety training. Inspectors spoke to staff who were knowledgeable of what to do in the event of a fire.

A fire register held in each unit was seen by inspectors. It contained records of checks and tests carried out by the staff of the emergency lighting, fire alarms, evacuation routes and doors. There was an evacuation procedure displayed in each unit in the centre which also had an emergency grab bag was located near the fire exit, which contained a flashlight, high-visibility vests, a summary sheet of residents and emergency contacts. A personal emergency evacuation plan was drawn up for each resident.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that systems were in place to safeguard residents and protect them from the risk of abuse, to support residents with responsive behaviours and the management of restrictive practices.

There were policies and procedure on the prevention, detection and response to abuse for adults. These had been reviewed by inspectors at recent previous inspections of designated centres ran by the registered provider. They provided direction to staff and was in line with the evidence based practice and national policy.

Inspectors found the person in charge was knowledgeable of her role in any safeguarding response and the process of managing an allegation of abuse and its investigation. At the time of inspection, there were no cases of allegations of abuse recorded. The director of nursing was the designated person who investigated allegations of abuse, and the person in charge deputised in her absence. Residents told inspectors that they felt safe in the centre and could talk to the staff or a manager if they had any concerns. Some reported they would go to the provider nominee if their concerns were not followed up.

There was on-going training for staff in adult protection. Inspectors reviewed training records of staff in the centre and most staff had completed up-to-date training. The

person in charge had identified the staff who had not completed the training and dates were scheduled for these staff to attend refresher courses. Inspectors spoke to a number who knew what constituted abuse and what action to take if they suspected or witnessed abuse taking place.

All residents were seen to be treated with respect by the staff and the residents appeared to enjoy living together with friendly interactions were also observed by inspectors. An assessment of the residents intimate support needs was completed as part of their personal support plan. The plans encouraged residents to maintain and develop personal care skills, but also receive the support they need.

There was a behaviour support policy reviewed at the previous inspection, which required review to ensure it guided staff. At this inspection, only a very small number of residents required support in the management of responsive behaviours. Staff clearly described the behaviours and the interventions they carried out to mitigate any escalation of the behaviours. There were no incidents of residents with behaviours that challenge and the staff were aware of the requirement to report any incidents. There was support available from a specialist team called the evaluation and intensive support team (Eist) who reviewed residents when a referral was made. The team included a nurse who specialised in behaviours that challenge.

Inspectors found restrictive practices were limited to the use of chemical restraint for a small number of residents. This was managed in line with the policy, and there were protocols in place around its use. There was a policy on the use of restraint that guided practice, it had been reviewed at the previous inspections of centres run by the registered provider.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the person in charge maintained a record of all incidents occurring the centre and where required these were notified to the Authority within the mandatory timeframes.

The person in charge had ensured incidents that required notification to the Authority

within three days of occurrence had been submitted. In addition, the incidents that required quarterly notifications to the Authority had been submitted.

An incident log was kept for the centre, since July 2015 a revised version of the log had been commenced. The records would be contained in one folder to be analysed collectively on a monthly basis by the Person in Charge, who would review any actions taken on foot of incidents.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that residents had opportunities for new experiences, social participation, education and employment.

The residents were encouraged to take part in a range of activities, inside and outside of their homes, and in their day services. The residents were also encouraged to attend courses and one resident was going to commence an art course in the coming weeks. The residents told inspectors about their routines and the different interests they had and activities they were involved in. A number of residents had employment in local businesses and within in the main campus facility. There were plans in place for residents to find alternative employment following the decongregation of the main campus.

The residents attended a number of different day services, two of which were based in the main HSE campus. The residents also a range of interests such as horse riding, art classes, bingo, exercise classes.

There were interesting things to do in the evenings and the weekends, and some residents liked to go to the local public house for food or a beverage. The residents had attended the pantomime on a number of occasions and told inspectors how much they enjoyed these trips.

As reported earlier residents reviews were seen to have taken place whether other opportunities should be explored such as for those thinking about retirement.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that residents' were supported to achieve and enjoy the best possible health.

Inspectors found that residents had good access to medical and allied healthcare professionals. There was access to a general practitioner (GP) or the residents own choice. There was also evidence of good access to services of speech and language therapy, dietician, occupational therapist, dentist, psychiatrist and physiotherapist. Inspectors read information that indicated the access to these services was timely, and residents were facilitated by staff to receive any recommended treatments. There was a list maintained on each residents file of the appointments attended and the next appointment date for a follow up check up.

The staff in the centre were very familiar with the residents health care needs and described them to the inspectors. A sample of residents' health care plans were reviewed. These formed part of person centred plan. Inspectors found the plans were comprehensive and provided direction to staff. However, this was not evident of all care plans reviewed and improvement was required as outlined in outcome 5. The recommendations of allied health professionals were incorporated into plans.

Inspectors saw evidence based assessment tools were used to complete reviews of the residents health care needs. For example, the risk of falls and malnutrition. There were regular checks on their vital signs with monthly records of weights, blood pressure and temperatures were seen. A nurse was based in the main campus provided support and clinical guidance to staff and visited the houses a few times a week and more frequently if required. The staff were seen to increase residents weights were required on the nurses or medical professionals advice.

There were procedures in place for end-of-life care. There were no residents approaching end-of-life in the centre at the time of the inspection.

There were good practices in place for residents to make healthy living choices around



food. The residents meals were prepared by the staff in each of the three units, with the residents supporting on certain days of the week. The menu for the week was decided at the house meetings and it was displayed in the kitchen. The residents were not observed having their evening meal during the inspection. However, it was reported that meals were freshly prepared every day. Inspectors observed the fridge and cupboard were stocked with plenty of foodstuffs including fresh fruit and vegetables.

The residents were supported to make their own meals and at breakfast in one house residents offered inspectors a slice of toast and poured them a cup of tea. The staff were observed to encourage residents to choose the foods they liked and enjoyed at lunchtime.

Inspectors found that where residents had a specialised dietary requirements these were being met. For example, one resident had diabetes, and staff were familiar with residents needs. Another resident who was on a modified textured diet, had clear guidelines from the speech and language therapist which the staff kept in the kitchen.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that each resident was protected by the designated centre's policies and procedures for medication management. However, area's of improvement were identified and are actioned under Outcomes 18.

There was a comprehensive medication policy that guided staff practice. Inspectors read a sample of completed prescription and administration records and overall was in line with best practice guidelines. However, one prescription sheet reviewed was not in line with the policy, for example:

- the maximum dosage of "as required" (PRN) medications were not consistently prescribed.
- PRN medications were not signed by a GP.

The practices carried out by staff on the ordering and management of out of date and unused medications required improvement. The pharmacy service delivered and collected medications from the main HSE campus. However, there were no formal procedures when the medications were delivered to or returned from the three units.

For example, there was no records maintained or local protocols to guide the staff, this could pose a risk if medications were to go missing or be unaccounted for.

The person in charge said the pharmacy service carried out an annual audit of the service at unit level, however, inspectors did not see medication audits for the centre.

Inspectors discussed medication practices with an agency staff in one unit who was clear of the safe administration to be followed. While the staff member had attended a talk from the pharmacy and competency assessment carried out, she had not completed formal medication management training. This was discussed with the person in charge who advised inspectors that agency staff had not been provided with the training.

There were no medications that required strict controls used in the centre at the time of the inspection.

Inspectors read procedures for reporting and investigating medication errors. A small number of errors had occurred in the centre, there were incident reports completed and the errors were investigated by the person in charge or the director of nursing and it was evident appropriate action would be taken to prevent errors recurring.

There was a policy in place to guide safe practice in residents who choose to self medicate. One resident had chosen to self medicate in the centre, and risk assessments had been carried out every three months, that included the support and controls to be followed by staff to ensure the resident was safe. There were records available to show that all residents' medications were reviewed on a regular basis by their GP

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found there was a Statement of Purpose for the designated centre. However, it did not fully meet the requirements of the regulations. For example, the sizes of the rooms in the three units in the designated centre, the gender of residents per unit and the age range were not included.

Furthermore, there was insufficient detail in the information contained in the Statement of Purpose. For example, the admission process was unclear and not measurable, and religious services for the centre and the emergency procedures were not clearly described.

Feedback was provided to the management team on the deficits in this document.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the centre was managed by the clinical nurse manager 3 (CNM3) who was suitably qualified, experienced and full time in her role. She will be referred to as the person in charge. She fully participated in the inspection process and demonstrated appropriate knowledge of the Regulations. The residents were familiar with the person in charge who was also observed to spend time to talk to and interact with them in the units.

There was a person nominated to deputised in the person's in charge absence. A clinical nurse manager 2 (CNM2) was also full time in her role and supported the person in charge in the day to day management of the centre. Both persons were interviewed during the inspection and were aware of the Regulations, and their responsibilities therein.

The centre was operated by the Health Service Executive and there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The management team included the provider nominee (director of services), director of nursing, person in charge and CNM3. Inspectors found the governance and management arrangements provided an adequate level of supervision of care and practice in order for the centre to be in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors discussed the

meeting's attended by the person in charge and saw records of regularly scheduled and minuted meetings between the management team.

There were management systems developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. The director of services together with the director of nursing had conducted a number of six monthly unannounced visits of the three houses. The reports from these visits were available for review, they covered all areas including hygiene, infection control and security. They identified areas for improvement and issues which require follow-up, by whom and within what time line. However, improvements had not been brought about to address all of the issues identified in the audits and by inspectors during the inspection that are identified in this report.

The first annual review of the quality and safety of care and support in the centre service had also been completed. However, this required further development as it was not clear from the report if residents and/or their representatives were consulted with directly. It appeared that judgments about their level of satisfaction were made from data available to those conducting the review such as number of complaints on file for the year and minutes of residents forum meetings. In addition, the action plans to address issues identified as requiring improvement were not clear, concise or measurable.

The provider had been requested to submit an application to register the centre by the Authority. All documents submitted by the provider for the purposes of application to register were found to be satisfactory, however, there was no confirmation of payment of fees to the Authority. This will require completion before a recommendation for registration can be made by the Authority.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider nominee was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider nominee had appropriate contingency plans in place to manage any such absence. There were satisfactory arrangements in place through the availability of a CNM2 to cover absences of the person in charge.

**Judgment:**  
Compliant

### **Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

#### **Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

#### **Findings:**

Inspectors found there were sufficient resources available to meet the needs of residents, however, they were not deployed effectively throughout the centre to ensure there was autonomy within the units.

Inspectors found resources were not effectively deployed to support residents individual needs. For example, staff worked a shift pattern that ended at 9am in the morning - effectively when residents then left their homes to attend a day service or work. This meant there were no staff available in the homes if residents wished to remain there if they felt unwell or decided they liked a day at home. This was not in keeping with meeting the residents needs.

As reported earlier in Outcome 5, residents told inspectors how they had not been on holidays for a number of years and had been told that this was due to a lack of staff.

The centre consists of three units however, they were operated and managed from the main campus, not from the units where the residents lived. For example:

- staff meetings took place in the main campus (this was due to change according to the person in charge),
- there was no internet access or computers for staff to link into the main campus where managers had computer access for up-to-date information and all incidents to and from the centre were by hardcopy only
- medication for residents was delivered by a pharmacist (chosen by the provider) to the main campus.
- in one unit there was no access to a vehicle and staff and had to link in with the main campus to access other means of transport.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found there were experienced staff to meet the assessed needs of the residents at the time of the inspection. However, improvements were required in relation to staffing levels at times of the day in parts of the centre and supervision of staff.

The staff in the centre were appropriately qualified and there was a suitable skill mix to meet the needs of the residents. Staff were knowledgeable of the residents and their needs, were friendly and patient with the residents and had a good relationship with them and their families. Inspectors found staff were knowledgeable of policies and procedure, which were available to them in the centre.

As reported in outcome 1, in two of the three units, staff were not rostered between 9am and 5pm when residents were at their day centres or jobs. While the person in charge said there was cover available, it could only be provided with sufficient advance notice, and as such the units did not have the staffing levels for residents who wished to stay at home or were unable to attend day service, particularly residents of advanced age.

Inspectors were satisfied a recruitment policy was in place and it was being followed in practice. Personnel files were not onsite and were not reviewed at this inspection, however inspectors had reviewed a number of personnel files for each of three other designated centres ran by the provider, and these files will be monitored through future inspections.

There was a service level agreement giving assurance of the qualification and vetting of agency staff. The centre did not use volunteers.

There was a policy on staff supervision however, no formal arrangements for one-on-one supervision meetings had commenced to date. The person in charge said there were plans in place to start the supervision arrangements but these have not yet come

into effect.

Inspectors read training records for the centre. The person in charge ensured all staff in the centre were provided with access to mandatory training including fire and protection of vulnerable adults. A small number of gaps were identified by inspectors however, the person in charge had already scheduled additional training dates after the inspection for the staff to attend.

The inspectors also found staff had completed training in other areas such as manual handling, first aid, CPR, and the safe administration of medication. However, some health care assistants had not yet completed medication management training as discussed in outcome 12.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Most of the written operational policies had been reviewed by the Authority prior to the inspection and were found to provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies. However, the implementation of the medication management policy required improvement as outlined in Outcome 12.

Inspectors found that the documentation of medical records required improvement, also outlined in Outcome 12. The maintenance of other records, relating to residents and staff was in a secure manner.

The directory of residents was up-to-date, and there was satisfactory evidence of

insurance cover was in place. Inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Deirdre Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0004364
<b>Date of Inspection:</b>	08 September 2015
<b>Date of response:</b>	22 October 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The residents in two units were not fully supported to choose to return or stay at home during the day.

**1. Action Required:**

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

- The registered provider has reviewed the centre to ensure that it's adequately resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. The review identified resources staffing and identified access to increased resources. The PIC will allocate resource to meet the residents needs at they arise.
- 17 nursing post for the service has been advertised nationally and internationally and are awaiting recruitment, interview have been held and post offered but to date non taken up.
- Dependency scales have been carried out for the community houses to assess staffing need and staff will be assigned based on need.
- A new campaign for 10 HCA posts is being organised presently and it is planned to be completed by March 2016
- The HSE have sanctioned the recruitment of staff to meet the needs in the centre. A recruitment campaign for care assistant will take place. It is planned to have staff recruited by February of 2016 to support working towards opening houses during the day.
- Agency staff that has been sanctioned are known to residents and management and work on a regular basis.
- While staff are being recruited agency staff have been sanctioned to be available to support residents should they request to return to their home from day services or stay in their home.
- This will be reviewed monthly by the PIC.
- The information for the independent Advocacy service will go on a display in the houses in an accessible area.

**Proposed Timescale:** 24/03/2016

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no consultation with residents regarding the installation of emergency lighting in their bedrooms.

**2. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider recognised the issues re the lighting when being installed but was advised by HSE Fire officer that such lighting is in compliance with regulation relation to emergency lighting luminaries being installed within bedrooms, I refer you to the extract taken from I.S 3217: Emergency Lighting as guidance:

G.3 Health Care Buildings (Purpose Group 2(a), residential institutional, as defined in TGD-B, 2006)

Examples: Hospitals, Clinics, Nursing Homes, Residential Care Facilities for Adults or Children.

In addition emergency escape lighting shall be provided in the following areas:

All Habitable rooms > 30 m<sup>2</sup> and if the room is > 60 m<sup>2</sup> then the criteria for open areas shall apply (Refer to 8.5.2.7),

Wards, treatment rooms, bathrooms, toilets, bedrooms, communal rooms, kitchens and Nurses Stations.

Definition of Purpose Group 2(a) as defined in TGD B 2006:

Hospital, nursing home, home for old people or for children, school or other (Institutional) similar establishment used as living accommodation or for the treatment, care or maintenance of people suffering from illness or mental or physical disability or handicap, where such people sleep on the premises.

- The Registered Provider will ensure that residents are consulted through the house forum meetings in relation to any works or alternation being carried in their home and bedrooms.
- The Registered Provider will ensure that the outcomes of such consultations are taken in to consideration prior to any works being carried out.

**Proposed Timescale:** 01/11/2015

## **Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The residents were unable to access the internet in the centre.

### **3. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

**Please state the actions you have taken or are planning to take:**

- The registered provider will provide safe internet access for residents in their home in line with HSE communication policies.
- The Residents will be supported by staff in the use of internet technology
- The Key workers will support residents to continue utilising their technology skills and knowledge in the use internet technology.

**Proposed Timescale:** 20/11/2015

## Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The personal plans in place were not holistic and mainly focused on one aspect of residents lives such as health care needs.

**4. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**

- The Registered provider has facilitated a meeting of the PIC's to review the care plan structure to develop a format to support staff in developing Personal Centred in identifying social and emotional needs in a holistic manner
- The PIC has commenced a programme of facilitation for front line staff to develop personal centred plan goals that are outcome based and are specific, measurable, attainable, and realistic and time bound.
- The Person in Charge will ensure that all care plans are reviewed three monthly to identify any gaps, where residents care plans goals were not linking to their social care needs and ensure the goals have positive outcomes identified for the resident's life.
- The Person in Charge will ensure person centred plans will be reviewed with the resident and representative at least annually. That this meeting is minuted and decisions are incorporated in to the PCP.
- The Person in Charge will ensure that residents are supported in the creation and the ongoing development of their person centred plan goals.
- The Person in Charge will audit 2 personal plan's monthly to ensure the goals have positive outcome for resident's lives.

**Proposed Timescale:** 01/03/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Personal plans were not available in an accessible format to each resident.

**5. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**

- The Person in Charge will organise for appropriate templates to be used in order that care plans can be made available in an accessible format into the future.
- The Person in Charge will organise for appropriate training of staff for staff in

accessible format competency, in order that care plans can be made available in an accessible format into the future.

**Proposed Timescale:** 01/03/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Arrangements were not in place to meet the social care needs of residents, as staff in the houses had not received training on developing and implementing social care plans.

**6. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider will facilitate training for front line staff to ensure all residents personal centred plan goals are outcome based and are specific, measurable, attainable, and realistic and time bound.
- The Registered provider has provided for Person in Charge to support staff in developing Personal Centred in identifying social and emotional needs in a holistic manner
- The Person in Charge will ensure that all care plans are reviewed three monthly to identify any gaps, where residents care plans goals were not linking to their social care needs and ensure the goals have positive outcomes identified for the resident's life.
- The Registered Provider will ensure all goals are reviewed at least three monthly.
- The Registered Provider will ensure person centred plans will be reviewed with the resident and representative at least annually.

**Proposed Timescale:** 01/03/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Private space in one house was not sufficient to meet residents needs.

**7. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider acknowledges the obligation to provide a private space for residents and this resource will be provided in all future accommodation arranged by the provider.
- Residents of the house identified will continue to be consulted as to which communal

room they wish to meet their visitors and this will be facilitated.

- The Registered Provider will make a request for 2016 Minor Capital funding to modify the house to accommodate a Visitor's room.

**Proposed Timescale:** 01/06/2016

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose did not contain some of the information set out in Schedule 1 of the regulations:

- the specific admission criteria as per the centre's policy
- Size of the rooms in the centre
- The gender and age range of residents
- The arrangements for residents to access education, training and employment
- The arrangements for residents to attend religious services of their choice

**8. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

The Registered Provider will update the statement of purpose to reflect in accordance with schedule to include:

- The specific admission criteria as per the centre's policy
- Size of the rooms in the centre
- The gender and age range of residents
- The arrangements for residents to access education, training and employment
- The arrangements for residents to attend religious services of their choice

**Proposed Timescale:** 22/10/2015

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Confirmation of payment of the fee for registration of the centre remains outstanding.

**9. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to:

Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

The Registered Provider will provide confirmation of payment of the fee to HIQA

**Proposed Timescale:** 01/11/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

An annual review of the quality and safety of care in the designated centre had taken place; however there was no evidence of consultation with residents or their representatives.

**10. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider will ensure that the consultation process re annual review will be documented.
- The Registered Provider has issued questionnaires in 2015 to families re the quality of the service.
- The Registered Provider will ensure that the weekly house meetings will document resident views in relation to service improvements and will be recorded in the annual quality improvement plan.
- The Registered Provider will ensure that a copy of the quality improvement plan will be made available to resident and their families
- The Registered Provider will ensure that a copy of the quality improvement plan will be made available in an easy read format

**Proposed Timescale:** 01/02/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The annual review of the quality and safety of care in the designated centre took place but there was no evidence of learning from the review as action plans to address deficiencies were not clear, concise or measurable.

**11. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider will ensure that the 2015 annual review of the quality and safety of care of the designated centre will demonstrate evidence of learning to address efficiencies through action plans which are clear, concise and measurable.
- The Registered Provider will monitor progress of the action plans at management meetings to ensure compliance and evidence of quality improvement.

**Proposed Timescale:** 10/02/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Their system of reviewing the safety and quality of care provided to residents requires improvement.

**12. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider will improve the system for reviewing of quality of the care of residents in the centre by ensuring as identified by the inspectors that the 6 monthly review by the registered Provider will have an action plan with named person/s responsible for actions
- The Registered Provider will ensure that the 6 monthly review by the registered Provider will be in an accessible format for residents.

**Proposed Timescale:** 01/11/2015

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Resources were not deployed within the service to ensure adequate staffing at times of the day and that the centres were managed at unit level.

**13. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider has conducted a review of the staffing levels in the DC.
- The Registered provider has initiated a review of the roster for the designated centre



to ensure that staff are available between 9am -5pm to support the houses and meet individual needs of residents.

- The HSE have sanctioned the recruitment of staff to meet the needs in the centre to allow resident who wish to return to their home at a time of their choosing.
- A recruitment campaign for care assistant will take place. In the meantime the HSE has allocated extra agency hours to facilitate resident to return home at a time of their choosing.
- The Registered Provider will work with the Person in Charge in relation to addressing staff rosters and requirements under the European Working Time Act.
- The Registered Provider has requested for the installation of HSE intranet access for the community houses, this will be addressed in the 2016 budget allocation for the service.
- HSE Finance Department have outstanding issues in relation to previous holidays and instructed that no holidays are to take place until these outstanding issues have been resolved. The Registered Provider is engaging with senior management within HSE Finance Department in the resolution of this matter.
- The Registered Provider has organised for day trips and special events to occur over the summer in the ongoing absence of organised holidays for the residents.
- The Registered Provider has engaged with HSE Finance Department in developing a policy for resident's holidays that will meet both the HSE's Finance Department and resident's requirements.
- The delays in the annual holidays are being discussed with residents at the resident's forum and residents have been facilitated to choose locations for their
- The Registered Provider has requested the increase of transport vehicles for the community houses; this will be addressed in the 2016 budget allocation for the service.
- The Registered Provider is piloting a pharmacy supplier who will support residents individually in the community for one designated centre on a pilot basis. It is planned that this will be rolled out in 2016 based on the outcomes of the pilot.

**Proposed Timescale:** 01/02/2016

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The staffing levels at certain times of the day in two units did not meet the residents needs.

#### **14. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

#### **Please state the actions you have taken or are planning to take:**

- The Registered Provider has conducted a review of the staffing levels in the DC and HSE will launch a recruitment campaign which should be completed by February 2016.

- The Registered Provider will ensure as far as possible to maintain consistency of Agency staff working in the designated centre that they have been appropriately inducted to work with the residents.
- The HSE have sanctioned Agency staff and the Registered provider will endeavour to ensure that the agency staff assigned to the DC:
  - are regular agency staff
  - are known to residents.
- The Registered Provider will ensure that the staff resource is planned to meet the needs of individual residents based on their identified needs.
- The Registered Provider will work with the Person in Charge in relation to addressing staff rosters and requirements under the European Working Time Act.

**Proposed Timescale:** 20/02/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There were no formal arrangements in place for staff supervision.

**15. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**

- The Person in Charge will ensure that individual supervisory meetings and appraisals will commence for staff
- The Person in Charge will maintain records of supervision meetings with staff in a safe and secure manner.
- The Person in Charge has commenced training in professional supervision which will be completed in November 2015.

**Proposed Timescale:** 31/12/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The medication management policy was not fully implemented in practice.

**16. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider will provide training for agency staff and refresher training for front line on medication administration in line with the DC policy
- The Registered Provider will ensure that the medication administration process is audited 6 monthly against the DC policy
- The Registered Provider in the event of ongoing medication errors will ensure that this will be followed up action plans for staff involved.

**Proposed Timescale:** 09/09/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Full and complete records of residents' needs were not maintained as outlined in the report.

**17. Action Required:**

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

**Please state the actions you have taken or are planning to take:**

- The Registered Provider will ensure there will be meaningful assessment to assess how to attain positive goals for the resident lives.
- The Registered Provider will ensure that the social goal of residents will be recorded.
- The Registered Provider will ensure that the goals are reviewed 6 monthly to ensure they are impacting positively on the resident lives.
- The Registered Provider will ensure that care plans are reviewed 3 monthly to ensure that there is consistent evidence to show where residents were involved in the creation of their personal plans.
- The Registered Provider will ensure that pictorial version of care plans are available for all residents in the DC.

**Proposed Timescale:** 01/02/2016